

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

## (CFA-4) **Summary Sheet**

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

	<u></u>					
COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization)						
2. Acronym or Abbreviated Name (If any) 3. Cor		nmittee Telephone Number				
100000	(260)	6159727				
4607 Rose Hill Lone	Check if this is a	new address.				
5. City, State, ZIP Code		ation (if applicable)				
FOA Ware IN Y6875	Revi					
CANDIDATE INFORMATION (For Candidate's C	1 2					
7. Full Name of Candidate (Include any nickname.)	8. Party Affilia	8. Party Affiliation of If Independent Candidate				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Countyjof Residence					
	M	00				
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY			
11. Check one:		Check one:				
<u> </u>	Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Convention					
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	tement of Organization	<sub>n.)</sub> Dost-Con	vention			
12. Reporting Period ( <i>mm/dd/yy</i> ):  From: /0/32/23  Through: /2/31/23		COLUMN A This Period	COLUMN B Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.	ز	5.45				
14. Cash on hand and investments January 1, current year.			5.45			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)						
15a. Itemized (Use Schedule A.)		0	0			
15b. Unitemized		0	0			
15c. Add lines 15a and 15b in both columns.	TOTAL	0	D			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	5.45	5.45			
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a, Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0	۵			
17b. Unitemized		0	ن			
17c. Add lines 17a and 17b in both columns.	TOTAL	O	0			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	5.45	5.45			
19. Debts OWED BY the committee (Use Schedule D.)	8	1958.25				
20. Debts OWED TO the committee (Use Schedule E.)	-					
CERTIFICATION			OR OFFICE USE ONLY			
CERTIFICATION			OV OI LIGE DOF OUF!			

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Date (mm/dd/yy) Treasurer Moramow Signature of Candidate (if applicable) Date (mm/dd/yy) 18/23

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties, (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED ELECTION BOARD '23 JAN 18 AM9:43

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State Form 4606 (R15 / 5-19) Election Division (IC 3-9-5-14) Indiana

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page _	7	of	5			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
		NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
Chis Noncerrow YEOT Rose Hill Lone For Wayne IN Y6875 LENDER'S OCCUPATION: CLERK	N/A	to during this reporting period	see prior reports for dates. Debt listed here for Basting below purposes.	u O	8958.25
LENDER'S OCCUPATION:				·	
		8-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 8958.2
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					